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ABSTRACT

This paper presents a perspective on advocacy and Advocate Counseling and its relationship to institutional racism. The Advocate Counseling Model is described as a vehicle for teaching citizens to act in an assertive and affirmative manner when confronted with public and private institutional problems, including institutional racism. Legal research, due process procedures, construction of alternatives and consequences, action steps, and therapeutic counseling are described as the basic steps in the implementation of this approach. Four case studies related to racism and sexism are presented to demonstrate the model and its efficacy. (Author/EB)

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Advocate Counseling and Institutional Racism

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One of the crucial questions of the 60's and 70's is how well the current psychotherapeutic and counseling approaches are equipped to handle the problems of racism, sexism, institutional responsiveness, social consciousness, consumerism and individual rights. According to Hornstein et al. (1971), although these psychotherapeutic approaches have traditionally focused on resolving personal and interpersonal conflicts, their application into the social intervention arena is relatively recent. At present, the problems and issues of institutional racism are being confronted and attempts are proposed in this paper to reduce racism by initially individual intervention and subsequently by system intervention. This paper defines a behicle for individual intervention towards the reduction of institutional racism, namely, through the use of a particular form of advocacy, the Advocate Counseling Model, as formulated by Brophy, Chan, Mar and Nagel (1974).

In general, this paper will provide a perspective on advocacy and Advocate Counseling and its relationship to institutional racism. Second, a detailed picture will be presented on the theory and practice of the Advocate Counseling Model. Third, case studies will be presented and the model's efficacy will be discussed. Examples of how this model is utilized in institutional racism problems are included.

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Advocacy and Institutional Racism

Although the concepts "advocacy" and "advocate" can be traced back to ancient Roman writings and early Roman Catholic church law, it has only been in recent years that these concepts have gained in popularity across many segments of the human services professions. Advocacy efforts can be found cutting across different age groups, such as the National Center for Child Advocacy (Office of Child Development, Department of Health, Education and Welfare), Parent ACT (Advocates for Children Today) in Milwaukee, Youth Advocates and Senior Advocates (in Seattle, Washington), Nebraska Youth Advocate, and advocacy and ombudsman programs for the elderly. Such efforts also transcend radically different client groups and problems. Examples include: Consumer Advocates (a la Ralph Nader), Welfare Advocacy Center in Milwaukee, Nursing Home Advocacy-Ombudsman Programs, Citizen Advocacy, Developmental Disabilities Advocacy Program, Association for Retarded Citizens, etc.

All of these advocacy approaches seem to emphasize a common set of activities within an intervention-service framework. They provide guidance and/or perform some instrumental or emotional service on behalf of the individuals with the assumption that these individuals are physically, mentally and/or social-psychologically incapable of performing such services themselves. Representative writings of a) Adams et al (1972), b) Wolfensberger (1972), c) November issue of the Harvard Educational Review (1973), d) Kahn, Kamerman & McGowan (1973), e) Linnane (1974) and f) Chan et al (1976) reinforce the above definition of advocacy.

Critical examination of these and other related writings indicate some movement toward a basic conceptual framework (e.g., Wolfensberger's Citizen Advocacy and Brophy and Chan's Advocate Counseling Model). However,

there is little systematic empirical research of any rigor to indicate the construct validity or conditions for success/failure, nor are there studies comparing various advocacy approaches with other similar approaches. It is interesting to note that as the concept of advocacy gains in popularity, commensurate with funding, conceptual writing and empirical research have not increased in the same magnitude. With so many different advocacy efforts currently under way, there is little to distinguish an advocacy program from a non-advocacy program.

In addition, the term "advocacy" is often misunderstood because of its identification with adversary proceedings and potential confrontation by a particular advocacy group. Many programs and/or persons who presently function under the rubric of advocate or advocacy tend to emphasize the negative or threatening nature of their role as opposed to their intentions regarding the positive nature of their impact upon individual behavior and instituitonal change.

It would be fruitless to cite and describe every effort which has the label of advocacy and examine each in relation to institutional racism. However, three general forms are apparent, namely, a) Representative advocacy, b) Group advocacy, and c) Self-advocacy. Representative advocacy is when an individual represents "as if they were his own, the interests of another citizen who is impaired in his instrumental competency, or who has major expressive needs which are unmet and which are likely to be unmet without special intervention" (Wolfensberger, 1972). Group Advocacy is when a group seeks to intervene in a problem situation in order to achieve a goal consistent with the interests of the members of the group or other(s). Many of the current programmatic efforts utilizing the label of advocacy can be classified into these first two forms of advocacy. The literature has

revealed no attempts by representative and/or group advocacy efforts in dealing with institutional racism problems. The third general form of advocacy is Self-advocacy, when the individual who owns the problem is taught a series of strategies for the purpose of solving his/her conflict. The Advocate Counseling Model, developed by Brophy, Chan, Mar and Nagel (1974) utilizes this emphasis. The model has been applied with individuals confronted with a variety of public and private institutional problems, including instituitonal racism issues.

It is the function of advocacy, whatever its form, to help institutions become stronger as they respond and change in order to provide an efficient and effective delivery of goods and services. It is also the function of advocacy to make institutional employers and employees accountable in such a way as to identify those whose behavior is dysfunctional and/or racist as well as those whose behavior is functional and non-racist.

The Advocate Counseling Model -- Overview

The goal of the Advocate Counseling Model is to help people to assert maximum control over their own lives. The process described by this model is focused on helping citizens/clients develop skills that will enable them to deal both affirmatively and assertively with dysfunctional institutional-individual interactions.

This model views the citizen/client as a hurting person who, in interaction with the institution, has been treated unfairly in failing to receive adequate services. The citizen/client needs a) immediate guidance to solve the present problem, short of litigation, b) adequate support in order to develop the confidence necessary to use institutions rather than be used by them and subsequently to use institutions, not destroy them, and

c) to learn more about institutional structures and behaviors as well as his/her own capabilities, rather than to be intimidated by institutions. The Model is designed a) to utilize the dysfunctional institutional problem as the citizen/client's own personal, living-learning laboratory, b) to intensify/amplify the citizen's thought process and feelings in order to generate citizen assertiveness and action, c) to teach citizens the effective use of the administrative procedures involved in due process, and d) to reinforce positive practical research, reading and writing skills.

The role of the Advocate Counselor is to help individuals and groups maximize their impact upon the institutions in such a way that the institutions become alert and responsive to the needs of those persons whom they were established to serve. The counselor is careful to perceive his role as that of teaching or enabling or empowering, rather than that of acting on behalf of the client. Using the analogy of the football team, the counselor is always a coach, never a blocking back and never a substitute, as in the case of other counseling models. The counselor acts as a disseminator of information from legislation, litigation, rules and regulations, administrative memoranda, and operational rules. The counselor also provides an opportunity for the citizen/client to access that information in pursuit of functional understanding of his/her institutional environment. One of the chief outreach mechanisms of the Advocate Counselor and a primary source of his/her credibility is the accuracy and up-to-date-ness of his/her information, as well as the ability to provide that information in understandable terms.

It is the Model's assertion that engaging in these action-oriented procedures is far more meaningful personally, educationally, psychologically and politically to those in need of advocacy than other present alternatives.

Therapeutic counseling or psychotherapy alone, despite the plethora of approaches, tends to focus on feelings and personal-interpersonal difficulties, not institutional or systemic malfunctions. Securing the services of a third-party advocate, such as an attorney, public official or an issue-oriented action group, serves to reinforce the tendency of people to let others advocate on their behalf, creating an undesirable dependency relationship and affirming the powerlessness of the hurting person. Thus the Model asserts that the role of the hurting citizen/client is to learn how to advocate on his/her own behalf, rather than to let others advocate for him/her, and the role of the Advocate Counselor is to help the citizen/client to advocate on his/her own behalf, rather than to advocate for the hurting person.

The Advocate Counseling Model -- Process

Using the law as the highest authority, the Model teaches the citizen to look for discrepancies in the implementation of policies by institutional personnel and to use effectively the administrative procedures of due process. Much of the legal research education which is basic to the Model is done in an Information Resource Center, an action-oriented research facility containing primary and secondary source materials including statutes, relevant case law, rules and regulations, administrative memoranda and operational rules of various instituitons. In the Advocate Counseling process, the client becomes familiar with the Statutes which establish and define the duties and limitations of public instituitons, and also with the Rules and Regulations which refine and further define the duties and limitations of those who are responsible for the administration of the institution. Both the Statutes and the Rules and Regulations are understood as the Law. The Law is further refined by Administrative Memoranda,

i.e., written guidelines which are passed down through the chain of command of an institution. Interpretation of the Administrative Memoranda and subsequent behavior by institutional contact people constitutes the Operational Rules of an institution.

Operationally, the Model functions according to the schema in Figure 1. The Advocate Counselor combines the skillful application of accurate up-to-date, primary source information regrading institutions and their function with such elements of therapeutic counseling as empathy, warmth, respect, confrontation and assertive training in his/her relationship with the individual client. On the basis of this relationship, the client interacts as his/her own advocate with the institution through its personnel.

Insert FIGURE 1 here.

The flowchart presented in Figure 2 illustrates the various steps in the counseling process. The entire process may be divided into three distinct but overlapping phases: (1) the Education Phase, (2) the Facilitation PHase, and (3) the Implementation Phase.

Insert FIGURE 2 here.

I. The Education Phase

The initial Advocate Counselor - client contact should focus on these major areas:

1. Exploration and delineation of the problem - an attempt to define the institution-individual problem which is causing the client pain.

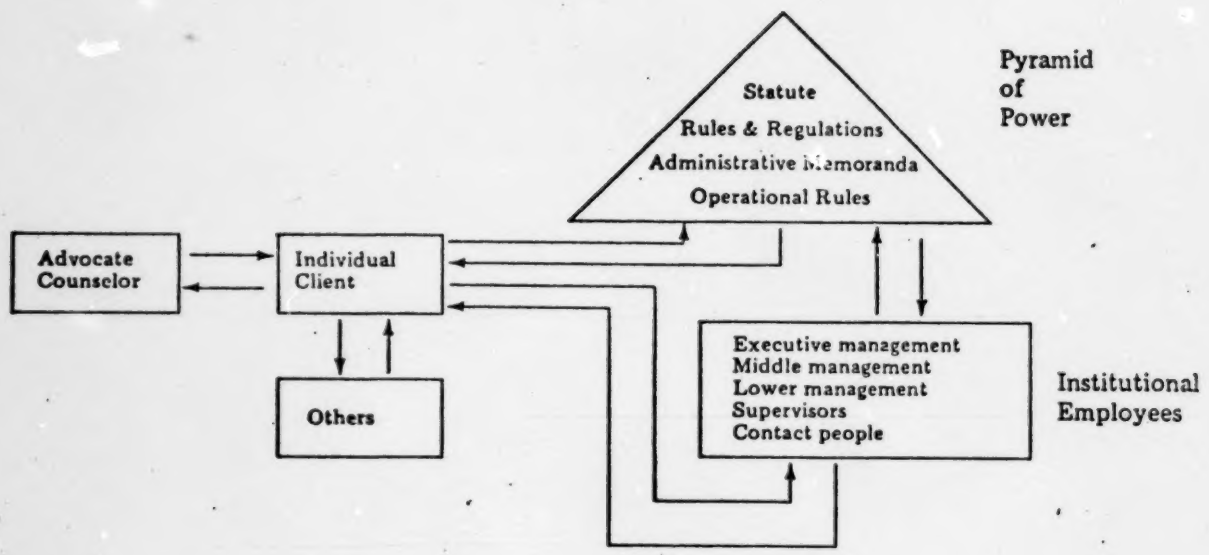

FIGURE 1. The Operational Model of Advocate Counseling.

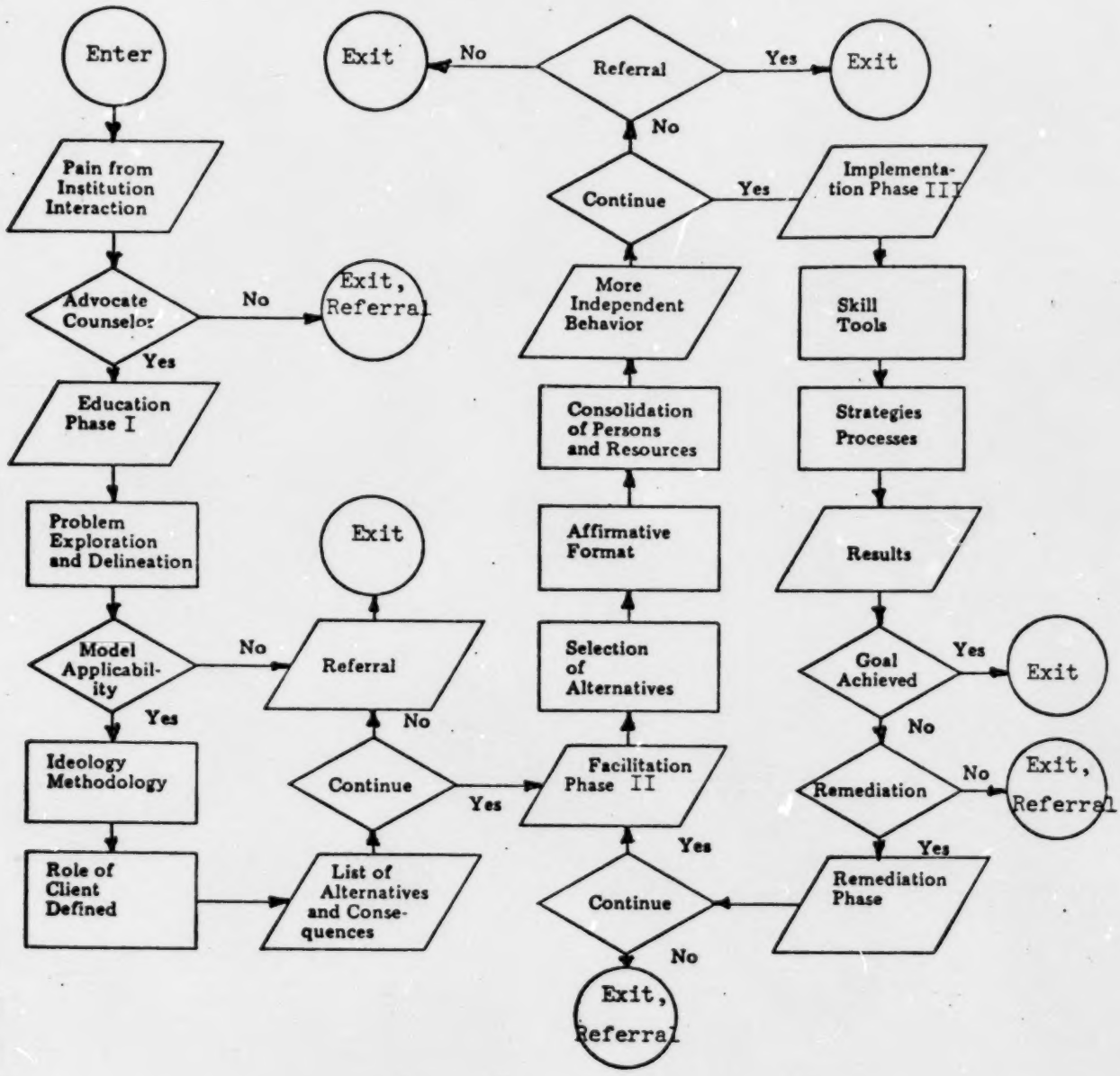

FIGURE 2. Flowchart of the Advocate Counseling Model.

2. Applicability of the Model - a general assessment as to whether or not the Advocate Counselor can be of help during the time allowed for solution to the problem.
3. Articulation of ideology and methodology - see *The Advocate Counseling Model: Part I - Conceptual Framework*, the sections on *Definition, Scope, and Ideology* and *Relation of Advocate Counseling to Social Change/Contract Approaches*, by Brophy, Chai & Mar (1974).
4. Reliance on an Information Center - a reservoir of primary and secondary source materials relating to institutions.
5. Broadening of client's perspectives - a listing of all options constituting a possible solution.

Awareness of pain caused by some institutional involvement in the life of a person is the beginning of the Advocate Counseling process. This awareness can be generated either by the client or the Advocate Counselor. At this point either the client or the counselor may assume the initiative in beginning a relationship to reduce the client's pain. A state of awareness may be generated by the feelings of pain on the part of the client in addition to clarifying statements by the Advocate Counselor which relate these feelings to an institutional context. The Advocate Counselor listens to the client, clarifies the situation by asking questions, and delineates the problem in terms of institution-individual interaction.

Where the Model is applicable and the counselor is able to schedule the client, the schedule for subsequent counselor-client sessions may be generated on the initiative of the counselor with the consent of the client. An explanation of the Model's ideology and method should be made to relate directly to the client's problem(s). Following this procedure, the function of the Advocate Counselor is to inform the client that the counselor has access to knowledge which may clarify the problem confronting the client.

The Information Resource Center should contain such primary source materials as the Statutes and relevant case law of the state in which the counseling service is being offered, the Rules and Regulations or administrative code together with procedural and operational manuals, the Administrative Memoranda and Operational Rules of relevant institutions, all properly indexed and updated. The Center should also contain such secondary source materials as *Poverty Law Reporter, Family Law Reporter, Labor Relations Reporter, Federal Consumer Product Safety Service,* etc., which provide indexed coverage with explanations of many institutional procedures. The Education Phase of this Model is dependent upon the ability of the counselor to build an Information Resource Center and use it. The need and rationale for the establishment of such a facility are as follows:

1. It provides the knowledge which will allow the counselor to respond with some concrete answers to inquiries from clients with institution-related problems;
2. The Advocate Counselor organizes and utilizes this facility for action-oriented research, i.e., research which can lead to some action on the part of the client;
3. The presence of this Information Center and a sincere effort at an objective and personal delivery of the accurate information generated by the primary source material tends to develop a climate of trust between the Advocate Counselor and the client;
4. The Center and the memoranda which emanate from it also provide the Advocate Counselor with a positive and visible outreach mechanism; he/she becomes one who is known as a person who is willing and able to provide information which may help a client toward a solution to a problem; and

5. The Center provides the client with the opportunity to identify the mechanisms of institutions, thereby increasing his/her visibility of control.

Counselor-Client Roles in Developing a Force-Choice Context. The primary goal of the Education Phase of this Model is to broaden the client's field of reality so that the Advocate Counselor and the client define *all* of the options which might constitute a solution to the problem. In this initial phase the client is dependent upon the Advocate Counselor primarily as a source of accurate information relating to his/her problem, as well as a source for emotional support. This dependency relationship places great responsibility on the Advocate Counselor; he/she must be readily available at all times in the client's community to respond to the client's desire for more information and support to further define alternative solutions to his/her problem in this expanding field of reality.

The client also has a great deal of responsibility. As part of the ideological and methodological orientation, it should be made clear that the Advocate Counselor will not advocate for the client; hence, it is the client's responsibility to learn the necessary skills in order to assert control over his/her own life in this problem situation. Some effort should be made during this phase to assess the reading and writing proficiency of the client, since these skills are required in the Implementation Phase of the Advocate Counseling Model. When these skills are present but minimal the client problem orientation and the desire to assert more control over their own life in this and other similar situations serves as an incentive to improve these skills.

With clients who lack any proficiency in reading and writing skills a non-compensatory educational approach may be necessary. Even in this

case the Advocate Counselor does not assume responsibility for advocating for the client. It is more beneficial to the community in which the Advocate Counselor is working and more consistent with the social and institutional change objectives of the Model if the client recruits someone with these skills from his/her family or community to perform this compensatory function. This person is called the *client correspondent*. He/she should sign all letters under the signature of the client with that title and an indication that any response is to be sent to the client.

The conclusion of the Education Phase of the Model is reached when an exhaustive list of alternative solutions to the problem and their consequences has been discussed, listed, and defined to the satisfaction of the client. When this exhaustive list of alternatives and consequences has been defined, it becomes evident that even in the case of inaction by the client (always one of the alternatives listed) he/she will either do something or something will be done to him/her. Hence, the client becomes aware that he/she is in a *force-choice* context. Either one makes a choice or a choice is made for ~~you~~him/her.

II. The Facilitation Phase

The Facilitation Phase of the Advocate Counseling Model begins when the force-choice context is defined to the satisfaction of both the counselor and the client. It is during this phase that an alternative from the force-choice context is selected, affirmed, and consolidated prior to beginning the last phase. Whereas in the Education Phase, the Advocate Counselor might find it necessary and essential to be directive, similar to a resource person and a teacher, he/she should be non-directive and indicate a willingness to accept the alternative selected by the client

during the Facilitation Phase. It is imperative to the integrity of the Model that the client make the choice.

Following the selection of an alternative from the force-choice contest, an effort should be made to give the alternative an *affirmative format* or *positive action orientation*. Such a format is one where the client perceives of him/herself as being motivated to act for, rather than act against something.

The last step in this phase is for the client to *consolidate* the alternative chosen. Prior to beginning the Implementation Phase where the client is shown how to advocate his/her solution to the institutional problem, it is desirable to consolidate this alternative with family, friends, etc. This process has three purposes: 1) it gives the client an opportunity to articulate and rehearse his/her alternative solution; 2) it gives the client an opportunity to test the solution with those who care and are willing to feed back the consequences of his/her action; and 3) the client will discover whether or not these significant others constitute a source of positive reinforcement and support to sustain him/her through the Implementation Phase.

Consolidating the alternative chosen is the first exposure to an action-oriented reality for the client. In the process of exposing the alternative selected to significant others, the client may discover that his/her chosen alternative does not stand the test of this limited but necessary action-oriented reality. Should this be the case, it may be necessary to return to the list of alternatives, re-evaluate the consequences of each, and select another option or reaffirm the initial alternative selected.

During this phase, the client becomes more independent of the Advocate

Counselor because: 1) the client has made his/her own decision from an exhaustive list of alternatives and consequences; 2) he/she has developed a support system apart from the Advocate Counselor; and 3) the client realizes that he/she must do his/her own advocating.

III. The Implementation Phase

The Implementation Phase begins as the client and the Advocate Counselor recapitulate the process the have gone through, reassess the client's confidence in the positive action orientation of his chosen alternative, and develop a procedural format based upon accurate knowledge of the institution in which the client will advocate for him/herself. The procedural format is the action plan resulting from the action-oriented research in which the Advocate Counselor has involved the client.

During the initial stages of this phase, the Advocate Counselor educates the client to a task orientation. For the client to pursue a solution to the problem effectively, it will be necessary for him/her to practice certain skills in seeking a successful concludion to institution-individual conflict. These skills are reading and writing. We have found in our experience that economically disadvantaged and minority people tend to develop behavior patterns which exclude the practice of these skills because of minimal positive reinforcement. Positive reinforcement has greater impact on a person whose learning experiences hold the immediate promise of alleviating aversive stimuli or crisis situations. This is particularly relevant to persons experiencing such crises in institution-individual exchanges. This phenomenon has also been cited by such writers as Paulo Friere, Ivan Illich, Charles Silberman, and John Holt. The proper application of the Implementation Phase of the Advocate Counseling Model will provide that positive reinforcement.

Client-Advocate Tools. There are certain tools which must be used if the client is to be successful in: 1) implementing his/her solution to the institution-oriented problem; 2) reversing the flow of accountability within the institution from top-down to bottom-up; and 3) forcing the institution to be accountable primarily to those it was established to serve rather than just accountable to those it employs. An explanation of these essential tools follows.

1. Everything in Writing. The legal adage, *"Quod non est in scripto non est in Munto"* (What is not written does not exist) holds true today. Interaction between the client and the institution must be on the written communication level. Unless past, present, and future exchanges are written and documented, these incidents do not count. Therefore, anything that is observed or heard that relates to the institutional problem area should be written in some form, i.e., letters and write-ups. This is done in order to build a record and to provide evidence that such incidents occurred.

A *letter* to the institution describing the incident(s) and the problem is one way of implementing this tool. Where the time line permits, the first letter to the proper office of an institution may be sent by regular mail. If it does not receive a response within a reasonable period of time, the next letter is sent via *certified mail, return receipt requested.* This process gives the client proof of mailing and proof that the letter was received at the institution. Where the cost of this process is prohibitive and the location of the institution permits, the letter can be hand delivered and a receipt requested upon delivery. Letters sent in such a way tend to sound the alarm of possible future litigation and they will be read and responded to by institutional personnel. The Advocate Counselor

does not write first drafts of the letters for the clients but should go over the letter with him/her to ensure that it states the client's exact intentions.

Personal contacts with institutional personnel should be *avoided*, for as personal exchanges increase, documentation of these exchanges becomes difficult and cumbersome. In situations where these contacts cannot be avoided, then *write-ups* must be completed on every conversation between the client and all persons present. A write-up is a transcript of the conversation from memory or notes, using quotes where exact phrases or sentences can be remembered and paraphrasing where the exact words used cannot be remembered. Every effort should be made to make it as accurate and honest as possible, with emphasis on what was said or done.

Essential elements of the write-up are: a) the names of the persons present during the conversation; b) the day and date of the year; c) the beginning and ending time of the conversation; and d) the location of the conversation. Use of the write-up is to be decided by the client in concert with the Advocate Counselor. Possible uses of the write-ups are:

1. Sending the write-up to the person(s) involved in the conversation requesting any additions or corrections, together with a cover letter repeating the request made by the client about the problem and doumehting the legitimacy of the request;
2. Sending it to the person in the institution, superior to the institutional person(s) involved in the conversation with copies to others, such as local and state legislative representatives who might aid the client in solving the problem; and
3. Retaining and letting it accumulate in the client's chronological file (Chronfile) toward occasions where the client can use it more effectively in advocating for him/herself.

In summary, if and when letters and write-ups are presented as documentation by the client-advocate, it has a particular significant effect on the institutional personnel. Client initiative represented by such documentation will result in one or more of the following conclusions on the part of the institutional employees: 1) the client has carefully recorded the incident; 2) the client may be correct in his/her complaint; 3) the institution may indeed by underestimating the power of the client; 4) the institution may be wrong or unfair in dealing with the client; and 5) possible litigation may result which may be embarrassing for the institution.

2. Copies of Everything. On some occasions, written communications are accidently and/or intentionally lost or delayed. Copies must be kept by the client-advocate on everything including: a) materials sent from the client to the institutional personnel; b) materials sent from the institutional personnel to the client; and c) materials (i.e., forms, etc) sent from the institutional personnel to the client which are to be written on and returned. Where the client is required to go to the institution to complete forms or sign other kinds of documents, it is necessary that he/she request the following: a) that the client be allowed to take such documents home for study prior to completing them; and b) that copies of the completed documents be provided to the client by the particular institutional personnel with whom the client is dealing.

3. The Chronfile. Ideally the client should construct and keep his/her own file with explicit knowledge that it belongs to him/her. This confidential file contains the accumulated record of documented evidence, i.e., letters, write-ups and responses of the institution-client exchanges. It is called the client's chronological file, in short, the client's

Chronfile. At no time does the file belong to the counselor or the agency for whom he/she works, nor should the counselor or the agency be entitled to keep duplicates of any protion of the client's Chronfile without that client's explicit written permission.

The Chronfile is the manifest symbol of the client asserting control over his/her own life. Specifically, it serves the following functions:

a. provides tangible evidence to the client that something is being done, or has been done;

b. provides immediate reinforcement of the progress thus far;

c. provides reinforcement as the client possesses the file with which to review and reminisce;

d. cues the client as to what else has to be done;

e. provides tangible evidence for the client to show others what he/she has accomplished, that is, to friends, family, peers, spouse, and others with similar problems; and

f. gives the client an example by which he/she may replicate the technique(s) used in the process.

Outcomes for the Institution: Feed-in Mechanism. As the client-advocate acts on the basis of facts and good feelings, learned and developed during the Education andFacilitation Phases, he/she serves as a feed-in mechanism into the institution. A feed-in mechanism is an instrument which requires that one party, i.e., the institution, recognize the requirements and demands of another party, i.e., the client. Recognition of the requirements of the client does not necessarily mean that the institutional personnel will meet those requirements, but with the proper utilization of the tools previously described, it does mean that they will respond. Written or verbal requests, preferably written, from clients for information or

service should be specific. Such requests should ask for documentation or justification of the response consistent with the Legislative Act, Rules and Regulations, or Administrative Memoranda. This function of the client as a feed-in mechanism has the following effects upon the institution and upon the client:

1. It forces the institutional contact person to justify his/her actions according to the written authority. Thus it reduces his/her prerogatives to interpret the problem on personal, attitudinal bases which may be contrary to the intent of the Legislative Act, Rules and Regulations, or Administrative Memoranda.
2. It requires the institutional contact person to learn the basis for the administrative authority which causes him/her to act in such a way which has caused pain for the client.
3. It gives the institutional contact person access to knowledge which has been withheld in order to insure the status of those at higher levels in the institution. As the institutional contact person learns more of the reasons for the required behavior, he/she will be better able to serve future clients with similar needs.
4. For those institutional contact persons who wish to change institutional policies to meet the needs of their clients better, this client initiative enables the employees to have documentation and hence a lever to advocate for positive changes in institutional policies and procedures.

Outcomes for the Advocate Counselor: Feedback Mechanism. In addition to the feed-in effects of the client to the institution, the client functions as a feedback mechanism to the Advocate Counselor, providing updated information about the institution as well as the client. From actions taken by the

client, the Advocate Counselor can assess the level of competency (knowledge and practice) of the concepts, tools, and skills learned in the Advocate Counseling process. Clients may feed back to the Advocate Counselor information and documentation on changes in Operational Rules and Administrative Memoranda, such that the counselor has a continuing source of accurate, updated knowledge about the institution, as well as a "feel" for the procedures and processes implemented within institutions. The Advocate Counselor has continual personal and intimate contact with clients affected by institutions. This is an invaluable input which top levels of management who are removed from client contact in the institution do not have. In addition, through the Information Resource Center, the Counselor has continual access to the knowledge upon which institutional processes and procedures are based, another invaluable aspect which institutional contact persons do not normally have. Most importantly, the Advocate Counselor is not subject to the same sources of reinforcement which determine a large part of the behaviors of institutional personnel.

Closure. As the tools are implemented and tasks are performed, closure to the Advocate Counseling process comes with *either* the achievement of the pre-established goal-alternative, or some variation thereof, *or* the recognition on the part of the client-advocate and the counselor that the institutional personnel are not going to grant the client the alternative sought. In a successful case, the pre-established goal-alternative is achieved primarily as a result of the efforts of the client-advocate, via learning assertive countercontrol skills. With the successful conclusion to the Implementation Phase, the client should be virtually independent of the Advocate Counselor.

In cases where institutional personnel will not respond affirmatively

to the needs of the client-advocate, there is still the possibility of a compromise or the pursuit of another alternative from the force-choice context. Where the client does not want to compromise or pursue another alternative, the Advocate Counselor may suggest a referral to a lawyer or another professional. Such referrals are easily accepted and handled attorneys because the documentation of the facts in the case during Advocate Counseling is so thorough. Institutional personnel may delay action only to see if the client will go to an attorney. Upon discovering that the client-advocate will go to an attorney, the institutional personnel may grant the alternative desired rather than deal with possible litigation.

Even if the initial effort of the client-advocate were unsuccessful, the experience of advocating for him/herself is always a positive one. If the Advocate Counseling process has been unsuccessful, the client-advocate has nonetheless learned new assertive countercontrol skills, has given meaning to old skills, and has compared old values with new values. In addition, he/she tends to be less passive and moe angry. Anger results not only because the client-advocate *feels* that he/she was treated unjustly by the institutional personnel, but because the client-advocate *knows* that he/she was treated unjustly based on the access to accurate, updated information about the institutional policies and decisions. Expression of this type of anger is indeed therapeutic and justified. A person who is angry because he/she knows that he/she should have been treated differently is much more likely to take some significant action than one who is frustrated out of ignorance of what the institutional responsibilities are under the law.

Case Studies of the Advocate Counseling Model

For the purpose of protecting the confidentiality of the persons and institutions involved in the following case studies, the names of persons, places, and institutions have been changed. The general description of each is accurate and the documents referred to as well as the conclusions are factual. None of the client-self advocates had prior legal training.

The Advocate Counseling Model (ACM) has been utilized in a great variety of institutional settings including: Corrections-in jail/prison, ex-offender, parole, pardon; Banks and Savings and Loan Associations; Home mortgages, auto loans, charge accounts miscellaneous loans; Department stores-charge accounts; Newspapers; Insurance Companies - auto, home, mortgage; Educational institutions - elementary, secondary, college, graduate school, placement of exceptional children, resident tuition, problems with teachers/professors; Small businesses - cameras, restaurants, furniture, health clubs, etc; Automobile manufacturers/ dealers - warrantees and guarantees, parts failure, emission control, mileage deficiency, design deficiency; Welfare - financial aid, job training, etc.; Interpersonal relations - marriage contracts, cohabitation agreements, parent/child conflict, rape, wife beating, etc.; Municipal services - rat control, street/off street parking, police patrol, garbage pick-up, etc.; Military service - recruiter promises, harassment, transfers, retirement benefits for officers/enlisted persons, veterans benefits; Services for - elderly, developmentally disabled; Employer-employee conflict - hours, wages, inservice training, etc.; etc.

The following sample of case studies have been selected on the basis of their relevance to the issues of unfair institutional racism and sexism.

(Editor --case studies 1-5 on pages 24-33 can be single spaced)

Case Study #1

Description of Client Self Advocate: White female; Age, 21 years; Educational Level - High School Diploma plus two years of college; Residence - lives alone in Puerto Rican neighborhood of large midwestern city; no previous history of social action.

Institution(s) Involved: Large private hospital; State Department dealing with fair employment practices; Federal agency dealing with fair employment practices.

Description of the Problem: Client works full time as a psychiatric assistant in a hospital. She was paid 25¢ per hour less than her male co-workers who perform the same duties. The males were alledgedly paid more because their job description makes them responsible for restraining violent patients. Client claims that women co-workers, including herself, deal with violent patients in the same manner as the men and often without the aid of the men co-workers.

Development of Alternatives and Consequences: 1) Do Nothing - Women would continue to receive 25¢ per hour less than men and split shift hours allowing her to take college courses would not be jeopardized; 2) Refuse to deal with violent patients unless male co-workers are present - Dangerous for patients who might injure themselves before male arrives; 3) Try to organize female co-workers to act on behalf of an equal wage - There was no established organization representing the interests of psychiatric aids at this hospital. In the opinion of the client, this effort would have been seen as very threatening to the hospital administration; 4) Document situations in which the client restrained or helped to restrain

violent patients with and without the aid of male co-workers toward the end of presenting the facts to the hospital administrator - Possible termination of employment; 5) Quit the job with a letter of protest - No job to pay rent, tuition, food, etc.; 6) Use ACM Information Resource Center and find out if there is any federal or state statute or case law relative to equal pay for equal work and whether same covers this situation - A logical first step prior to any action with no immediate negative or positive consequences; 7) Write letter to hospital administrator requesting equal pay - Possibly same consequences as 4, possible positive response.

Alternative(s) Selected: 4, 6 and 7.

Implementation: Client proceeded to: 1) Document situations in which the client restrained or helped to restrain violent patients both with and without male co-workers. The method of documentation was to write-up as per the ACM the incidents, have them signed by those witnessing them and notarized as soon as possible after the date of the incident; 2) Client began research with help of Advocate Counselor into state and federal statute and case law to determine if there was grounds for requesting equal pay; 3) Client wrote letter to the hospital administrator requesting a copy of the hospital guidelines by which male workers who performed the duties of psychiatric aids received 25¢ per hour more. The response from the hospital administrator, a lawyer, came via the client's female supervisor and, although the documents were delivered, the client was questioned concerning her intent. A write-up was done of this conversation as per the ACM and same was done in subsequent conversation with persons of authority in the hospital. Female co-workers were sympathetic and generally supportive although one of four female co-workers refused to witness on the documentation. The client's legal research

disclosed that, indeed there was federal and state statute law but that the rule was generally one of equal pay for equal work. Case law research disclosed one case in a federal court of appeals in another circuit dealing with almost the same situation albeit two years previously in which the client found herself. The judges held that there were general physical differences between men and women which justified different pay scales in psychiatric hospitals. Client reassessed her situation and decided that she would proceed with alternative #7. She wrote the letter and included the write-ups. Her affirmative format emphasized that she enjoyed the work to which she was assigned and that her sole interest was in maintaining and improving the patient care at the hospital. She was denied her request verbally in a meeting with the hospital administrator. She inquired in the meeting whether there was an appropriate means by which she could appeal his decision. His answer was negative. She confirmed the conversation by letter shortly after the meeting. The client then made copies of her chronfile and filed a complaint with the appropriate state and federal agencies citing unfair employment practices. Personnel at the state level attempted to discourage her in her efforts but said they would look into it. She continued to do the write-ups of the violent patient situations in question and to incorporate them into her file.

Result: Approximately seven months after she initiated the process the hospital raised the pay of the women to that of the men. She received no notice from the state or federal agency that any action had been taken nor did she receive any word from the hospital administrator or her supervisor. The discrepancy remains at the other hospitals in the city. She is maintaining the complaint action to recover wages lost as a result of

the discrepancy from the date of her employment to the date on which the equalization took place. At no time were there any recriminations. Cost of resolution including copies, mailing, etc. was approximately $25.00. Counselor time - approximately 10 hours over a period of 8 months. Client time - approximately 30-50 hours over the same period.

Case Study #2

Description of Client Self Advocate: Minority Male (Black); Age, 42 years; Educational Level - high school diploma; Residence - midwestern state; Client is a homeowner in the Black community of a large midwestern city.

Institution(s) Involved: Municipal department; Federal agency funding municipal rat control program.

Description of the Problem: The area in which the client resides became exceptionally infested with rats. Verbal telephone requests over a period of six months to the city for aid in controlling this problem did not result in any positive action by any municipal agency. Client had also called local TV helpline and his alderman within the past three months without a positive result.

Development of Client Advocate Alternatives and Consequences: 1) Do Nothing - Problem will not be solved and will probably get worse; 2) Continue to phone municipal department and request help - No evidence from past incidents that this will result in positive action from the municipal department;

3) Hire professional rat exterminators - Cost is prohibitive and problem is a neighborhood problem as well as that of the client; 4) Organize neighborhood to put pressure on the city - Possible but very difficult since most neighborhood residents do not own property and have a limited interest in rat control; 5) Utilize ACM Information Resource Center to find out what federal agency was responsible for funding municipal rat control program and write a letter to the municipal department responsible for the program requesting aid - Some assurance of a response and the beginning of a written record of action or inaction; 6) Purchase and put out poison to kill rats - Expensive and some question of liability if neighborhood pets or children are affected.

Alternative Selected by Client Advocate: 5

Implementation: As per ACM letter format, the client wrote a letter stating the problem, the facts, a statement of affirmative format (e.g., "The purpose of my request is to maintain the value of my property and improve the living environment of my neighborhood.") and a specific statement requesting the service (e.g., "I request that you/your agency..."). The statement of the facts included references to prior attempts to resolve this problem by phone with approximate times and dates. The letter also included a statement of awareness that the client knew that the program funds originated with the federal government, naming the responsible agency. The letter was sent to the municipal agency via certified mail-return receipt requested. A copy with a covering note indicating "For your information" and requesting help was sent to the alderman for the client's district. This letter was also sent certified mail-return receipt requested.

Result: A crew from the municipal department responsible for rat control arrived at the client's home and proceeded to implement the rat control program two days after the letters were mailed and one day before the return receipts were received. His alderman called him on the third day after the letters had been mailed to check on the progress of the rat control crew. Cost of resolution including certified mail and copies - approximately $4.00. Counselor time - approximately 2-3 hours. Client time - 5-10 hours.

Case Study #3

Description of Client Self Advocate: Minority male (born in Puerto Rico, family migrated to mainland when client was 16 years of age); Bi-lingual (with greatest fluency in Spanish); Age, 26 years; Educational level - high school general equivalency degree plus some college courses; Residence - Puerto Rican neighborhood in large midwestern city.

Institution(s) Involved: Governor's office of midwestern state, legal ~~Postal Division~~.

Description of Problem: Client was convicted in state court of a felony offense for which he was sentenced to three years probation. Three years after the conviction, he was making plans to open a restaurant and discovered that he was not eligible for some of the required licenses. He was informed that attorney's fees for a pardon which would make him eligible for the licenses would be from $500.00 to $2,000.00

Development of Client Advocate Alternatives and Consequences: 1) Do Nothing - No licenses; 2) Hire a lawyer - Cost of $500.00 to $2,000.00; 3) Get the licenses in someone else's name - Lack of control over a business in which he has the major investment, also fraudulant under state law; 4) Lie on the application for the license - Fraudulant and a continuing source of anxiety; 5) Move to another state - Great inconvenience and expense for self and family; 6) Attempt to obtain the pardon himself - Will take time and some money.

Alternative Selected by Client Advocate: 6

Implementation: Client wrote to the Office of the Governor and requested current information regarding the process by which a pardon could be obtained. He also consulted a legal forms manual for the proper format for a petition for a pardon. Client executed a resume and a letter requesting letters of support from employers, friends, etc. and circulated same to approximately 30 persons including friends, employers, etc. Client prepared petition requesting an unconditional pardon, attached the letters of reference and submitted same to the Governor's Office. He also appeared personally and alone before the pardon board.

Result: A conditional pardon was granted which will become unconditional in two years if the client has no convictions for serious offenses. This made him eligible for the licenses. Cost of resolution including travel to state capital for hearing, copies, certified mail, etc. - approximately $50.00. Counselor time - approximately 10 hours over a period of four months. Client time - 25-40 hours.

Case Study #4

Description of Client Self Advocate: Minority Female (Chicago); Age, 38 years; Educational level - high school diploma; Residence - Latin community of a large midwestern city. She is bilingual but more fluent in Spanish.

Institution(s) Involved: Large department store.

Description of the Problem: Client was in the process of getting a divorce. She was shopping in the department store and was in the process of making a purchase with the credit card identifying her as married. When the clerk checked with the credit department, the request for credit was denied because of non-payment of previous bills. The clerk told the client to go to the credit office to clear up the matter. The credit office clerk stated that she could not have any more credit until the bills were paid. The clerk also stated: "You people are all alike. You never pay your bills on time."

Development of Alternatives and Consequences: 1) Do nothing - Credit rating will not improve. Eventually a probably small claims action against her. The clerk will continue her prejudiced behavior toward persons with a Spanish accent; 2) Report the incident to a community group and request that they boycott the store until the clerk is repremanded and credit rating is restored - Have to discuss divorce proceeding with "strangers" in the community. Publicity surrounding same if there is a boycott; 3) Speak to store manager about the incident - Client is uncomfortable

speaking to those in authority because of English language problem; 4) Do something violent which would harm the store and the clerk - If caught, the consequences outweigh the possible satisfaction; 5) Write a letter explaining situation and attach a write-up of the incident with the clerk - May have positive results without problems of the other alternatives. If it is unsuccessful, all of the other options open except 1; 6) Hire a lawyer - Person does not have enough money.

Alternative Selected: 5

Implementation: As per ACM letter format, the client wrote a letter stating the problem, the facts regarding the confusion caused by her "husband" having the same credit card number and the clerk's prejudicial comment, a statement of affirmative format and a specific request (i.e., "Please send me a list of the items charged and I will pay for those which are in my possession. Cancel my name from the account numbered..... and issue me a new credit card under the following name. I have had good service from your store in the past but the conduct of the clerk as per the attached write-up made me extremely uncomfortable as I am sure it would make my friends and others with the same ethnic background. I am requesting that 1) you or the proper official of the store include this letter and the accompanying write-up in her personnel file, 2) she be given a verbal and a written reprimand and that the written reprimand be placed in her file, and 3) that I receive a written apology from the store and a copy of the written reprimand.")

Result: Everything requested was received from the department store. The

The letter of apology was written by a high official of the store in the central office located in a large city of another state.

Comments on Case Studies

The four cases presented all dealt with institutional racism and sexism, directly or indirectly. Each client-advocate felt wronged by the institution based on some individual-institutional exchange and subsequently used the Advocate Counseling Model to resolve these grievances.

Case #1, where the client is a white female, illustrates the notion that is very prevalent in institutional sex inequity cases, i.e., the woman is frequently underpaid relative to the same tasks performed by her male counterparts. Such a situation could also occur where the employee is a member of a particular racial/ethnic minority. As a result of this woman's efforts in self-advocacy, the institution responded favorably to her problems by raising her pay to that of her male co-workers. The client's impact upon the institution not only resulted in her own payraise, but also affected the pay scales of all women in that hospital on an "equal pay, equal work" basis.

Case #2 involves a black male who resides in a predominantly black neighborhood where the quality of public health and sanitary control is extremely poor. Numerous phone calls and other means by the client to the municipal agency responsible for rat control resulted in no response. According to the client, this low quality service is due to the racist attitudes of the municipal agency handling the sanitation problems of that neighborhood. However, as a result of his self-advocacy efforts, an extremely quick and efficient rat control program for his residence emerged.

Case #3 illustrates institutional racism in yet another manner. The client-advocate is a Hispanic male, discriminated against because of his inability to afford the attorney's costs for obtaining a pardon for a previous felony conviction. The pardon would allow the client-advocate to open up a

restaurant. This situation is particularly common among racial/ethnic minorities of the lower and working classes. However, through his own self-advocacy efforts, the client-advocate was able to bypass the traditional attorney route and obtain for far less cost. Changes in this case resulted in an increase in assertive affirmative behaviors on the client's part as cpposed to changes in the legal profession and their responsiveness to minority needs.

Case #4 illustrates institutional racism in the classic sense, that is, direct discrimination by the clerk of a department store towards a Hispanic female customer. As a result of her affirmative assertive behaviors via Advocate Counseling, she was able to obtain a written apology from the store official as well as reprimand for the clerk. Although there was no evidence as to store policy changes, it is assumed that the impact was felt by the clerk in the incident as well as by the store officials. A profit-making department store can ill afford to lose customers because of discriminating remarks.

In all the cases presented, it should be noted that each client-advocate attempted to advocate for his/her own problem and not for any class action or pervasive institutional changes. Case #1 did results in some pervasive hospital changes in euqal pay for equal work for all women, but this originally was an individual effort. In each case the client-advocate attempted to educate those institutional employees that they were operating contrary to their own rules and regulations for quality service. An in each case, these client-advocates learned a set of assertive affirmative behaviors which succeeded in tangible results and which could be replicated again and again if the situation calls for it. Note also that each institution impacted did not reflect pervasive changes; instead, each institution changed and responded in a minimal fashion to the client-advocate's assertive affirmative behaviors. This has been our experience in the use of the Advocate Counseling Model with various groups and problem sets. To expect broad institutional changes

(from policies to internal memoranda to institutional employee behaviors) from every Advocate Counseling application would indeed be naive. For such changes to occur, many more client-advocate incidents upon the same institution would need to occur. However, it is safe to state that pervasive changes in institutional racism can occur if the individual receiving the discrimination and/or disservice begins to assert him/herself affirmatively.

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